

Specification Objections:

2. Brief Description of drawings is missing. I have written and supplied a detailed description of the drawings that I feel is important to your understanding of this invention.
3. The abstract is not on a separate sheet of paper. I have separated the abstract on a sheet of paper and made several small modifications to the language to strengthen and focus the scope of the invention towards emergency medical application.
5. The claims in the application are not properly numbered in consecutive order throughout all the sections. I have renumbered all of the claims so that they are in consecutive order. As you will see I have, per your suggestions, supplied you with a set of original claims and new claims so that you may see the modifications to the new claims—underlines on new words and parentheses to show where words are removed.
7. I have followed the guideline you have provided for the arrangement of the sections of the application. The original body of the text and other sections are substantially unchanged but have been moved to their new sequence in the revised document per your suggestion.

Claim Rejections

When referencing these counter arguments please refer to the original claims as they are numbered. The same arguments hold true for the re-numbered claims which have been strengthened with word changes and which only support my counter arguments herein. As you will see one of my main argument is that the scope and intent of the prior art you have cited, Wilhelm and Campbell being most cited, are simply different inventions with completely different scopes and practical intent and well as conceptual intent, which significantly differ from my art.

8 & 9. In general you are using the argument that my invention and claims were “obvious at the time... to a person skilled in the art to which said subject matter pertains.” I would respectfully submit that the term “obvious” is a subjective yardstick that is subject to the interpretation of the respective examiner. From my experience many novel ideas appear to be obvious with the benefit of hindsight and not having a complete understanding of the intent of the inventor which conceiving the invention. With this understanding I will further describe the intent of my invention as it relates to the application and will address point by point and in a factual manner your detailed objections to my claims.

I would also point out to the examiner that before I wrote this (an all my patents) application I did an exhaustive patent search of prior art using many key words and phrases and have listed the prior art in my application which I felt most closely related to my application at the time it was written (but not necessarily conceived- I have a lab notebook in which I outline these inventions in 1994 and 1995).

10. The examiner cites my claims 1-4 and 7-12 as being obvious in view of Wilhelm 5,319,543 and Campbell 6,208,974. Obviously I disagree with the examiners view and would argue the following: If the examiner were to look at the abstracts of both Wilhelm and Campbell I think he will see that from both a conceptual and practical point of view both the Wilhelm and Campbell abstracts define a scope of invention which is much different than my patent and claims. Wilhelm is very specific in defining a scope of invention for a computer system to prioritize work assignments and patient encounters in a hospital based on patient charts. Basically Wilhelm is defining a computer system for

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allocating manpower resources within a hospital. One can see from my revised abstract that the scope of my invention is specific to allowing physicians and patient/consumers to organize a patient's medical records for electronic mailing and access in a medical emergency, with specific access to the patient's medical records in the emergency room or trauma center during a medical emergency. My invention and its claims are specific to a system for digitizing, computer organizing and electronic mailing of patient records for access in a medical emergency. Therefore, the scope of the Wilhelm invention, from neither a conceptual or practical point of view competes or overlaps with my invention. The same argument holds true for Campbell 6,208,974 in which his abstract defines a scope of a software system for users to learn about and choose wellness plans (health insurance) and provides a system for tracking costs, generating invoices and displaying promotional materials. Campbell's scope of invention and his claims clearly do not overlap or compete in any way with my scope and claims for organizing, electronic mailing and access to patient medical data in an emergency.

It should also be noted that from a practical point of view my invention has been in use for several years and is in no way infringing on either the Wilhelm or Campbell inventions.

In light of the above argument the examiners specific examples of Wilhelm and Campbell claims in relation to mine become rather moot but I will go through the specifics of each and provide further arguments why my invention and claims are different and unique from both Wilhelm and Campbell. Again, specifically reviewing Wilhelm and the background of his invention it is clear that the scope of his invention is for digitizing, organizing and storing medical records within a hospital setting and he specifically details the deficiencies in records keeping within a hospital setting. In addition, Wilhelm specifically describes the scope of his system for prioritizing and organizing the workflow of patient charts within a hospital setting. In specifically addressing the examiners comparison of Wilhelm and my patent the examiner points to Wilhelm 5, 15-19 and the examiner uses the word "original" in describing the documents Wilhelm describes. I can find nowhere in these specific lines where Wilhelm uses the word "original" in describing the documents and I believe the examiner is unintentionally adding this word in some way to project in some way what Wilhelm was intending? This is a large assumption on the examiners part because hospitals routinely use copies of records and are notorious for losing originals and having to re-do and re-sign documents (linked to the issue of the digital physician signature claim). In any event Wilhelm does not use the word "original" and this is one of the specific strengths of my patent because it describes a way of identifying, coding and placing physician signatures on "original" medical records- as opposed to photocopies or altered or adulterated records which are dangerous to the integrity of the medical system, specifically as they relate to accessing and referencing medical records in a medical emergency.

I would also point out that the examiner cited the language (Wilhelm) "converting said medical records into a digital record for storage in a data storage device" and references column 5 lines 16-22. I see no such use of this language in these Wilhelm lines and again I believe the examiner is "making a leap" for Wilhelm and inferring or projecting ideas or concepts into his language which are not actually present. Specifically Wilhelm does not use the word "digitize" and one should not assume because he refers to a scanner he means a digital scanner as there were and are such devices as analog scanners which do not create "digital" files. My patent and its claims specifically teach a unique means of digitizing original medical records, and assigning an original digital physician signature to ensure the medical integrity of the records and the system.

The examiner sites Wilhelm and "assigning a unique patient identifier to said digital record" and sites Column 4 lines 17-24 of Wilhelm. Again, in examining the lines the examiner sites I see no use of the words "digital" or "original" or "unique" in any of Wilhelm's language and I think the examiner is making large assumptions, inferences and subjective conclusions to the benefit of Wilhelm on issues and items which simply are not there. I would also point out to the examiner that none of these key words are used in any of Wilhelm's key claims in his patent. My patent and its description, wording and claims clearly use these key words and present art which is unique and superior to Wilhelm and are, again, separate and outside of the scope of the application described in Wilhelm. I would also point out in column 4 lines 17-24 of Wilhelm, and in other parts of Wilhelm, he alludes to the use of a bar code label affixed to the document to create an ID for the document. This affixing of a bar code label, which Wilhelm describes as being affixed prior to scanning said document, is clearly an analog means of creating a document number, and is clearly not the digital method which that I describe in my patent for creating a unique digital identifier for a document which then becomes an integral part of the digital fiber of the document (embedded) and stays with the document for its entire digital life. The Wilhelm bar code method is an inferior and passé form of affixing an analog label to a document. I would also point out the examiner that no where within any of Wilhelm's claims do I find key words "digital" or "unique" or "original" in regards to his invention, and since the examiner has failed to notice these key differences I would argue that these differences are not obvious, and particularly not obvious to one skilled in the art, which I assume Wilhelm is (?). In addition the examiner sites two of Wilhelm's text, column 4, lines 17-24 and column 6 lines 7-10 as "assigning a unique patient identifier." Again, I have carefully reviewed both of these citations and no where does Wilhelm use the words "unique" or "patient" or "identifier" or any combination thereof. Wilhelm uses the term "document identification" which is significantly different than the intent of my claim and the term "document identifier" is in no way tied to a particular patient medical records as is the case with my claims. The term "document identifier" could simply mean some arbitrary number system which is in no way linked to a particular patient and it should not be assumed that this was Wilhelm's intent. Not seeing this critical difference between Wilhelm and my claims is further evidence that such differences are not obvious to the examiner, or others.

The examiner sites Wilhelm column 2 lines 16-26 as "assigning a priority code to said digital record." Upon examining this citation I see no use of the key words "assign" "priority" "code" "digital" or "record" and this is not even the practical intent of what Wilhelm is describing in this citation. In the examiner would carefully at this citation he would see that what Wilhelm is describing is a system to differentiate the chronological order of documents which is much different assigning a priority code in the sense that a system would give a document a priority and push it ahead of less important documents. Creating a chronological order system is in no way determining a documents priority and certainly not from a practical medical sense.

The examiner cites column 3 lines 49-59 "storing said digital record, assigning unique patient identifier, and priority code in a data storage device." Again, I see no such use of the key words "digital or record or unique or patient or priority code or storage device." I do not see how the examiner is inferring these key words into what Wilhelm is describing in this citation. I see Wilhelm as describing a general hardware configuration as in fig 1 of his patent but again is in no way using any of the key words and phrases I am using and from a practical point of view I do not believe Wilhelm is intending to describe a system which in any way competes with or overlaps with the scope of my invention and claims as it relates to accessing patient records in emergency medicine settings.

The examiner cites column 6 lines 7-10 as "providing a request for a medical record unique patient identifier." After careful review of this Wilhelm section is clear that Wilhelm is not using the terms

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"medical records unique patient identifier" from either a descriptive or practical point of view. In this section Wilhelm is describing how his system checks to make sure the user is authorized and then the system allows the user to search by a given attribute or entity. I fail to see how this can be interpreted as "making a request for a medical records unique patient identifier." The intent of my claim is to be able to assign one unique identifier to a patient for all their records, and allow our system to retrieve only those patient records in an organized and condensed digital page format- as described by my figures. Wilhelm makes no use of this feature and his intent is to assign random analog numerical identifiers to records (not necessary patient records) which can be searched for and assigned some type of chronological order. With my invention chronological order to records has no use or benefit. Wilhelm clearly does not teach or describe the art which I describe

The examiner cites column 6 lines 7-13 as "retrieving said digital record based on said priority code if the unique patient identifier provided in step (g) matches the unique identifier on said digital record." After a careful review of this citation it is clear that Wilhelm is not using any of the key words "unique, Digital ,record, unique patient identifier" in his descriptions and the intent of what Wilhelm is describing in this citation does not match how the examiner is interpreting it. Wilhelm does not teach a means of searching and matching unique patient identifiers for digital records in this citation. What Wilhelm is describing is method to check that user are authorized, and allows said authorized user to search for a document using search means. Wilhelm's does not teach any matching means in this citation and the fig 5 which corresponds to the text does not teach it either.

The examiner acknowledges that Wilhelm does not explicitly teach assigning, storing or searching a physician electronic signature. I agree with the examiner and would add that Wilhelm neither explicitly teaches this, or even remotely (implicitly) teaches this in any way shape or form. The examiner cites Campbell 6,208,974 as "teaches a medical record system that stores a physician's signatures with all records in a hospital database" and cites column 16 lines 34-38. If one examines Campbell's abstract it is clear that what he is describing is software which educates users to health plans and allows them to make estimates of medical service costs, and allows them to generate an invoice for such services. Campbell states that the practical application of his system is for a veterinary medical practice. The software also has other sales and marketing features. It is clear that in general that the scope, intent and art which Campbell teaches is in no way related to the hardware/software system I teach for creating digital patient records and assigning unique identifiers to them for rapid electronic access and transmission in a medical emergency. From a general argument point of view I fail to see why the examiner would compare my art to the Campbell art given these significant differences. If one notes the field of Campbell's invention it is "... computer implemented method for managing and enrolling new clients in a health plan." This field of invention is clearly outside the scope of my invention. Specifically, the examiner cites Campbell column 16 lines 34-38 as "Campbell teaches a medical records system that stores physician's signatures with all records in a hospital database." I have carefully reviewed the citation the examiner points out. The Campbell citation states "the doctors signature is stored as an image in the hospital database." I think one of the key words in the Campbell citation is the word "image." This denotes some type of analog signature, presumably off a written page, which some how makes it into his system. Campbell fails to teach how these signatures enter his computer system, how they are organized or archived, and how this computer system would be able to avoid fraudulent use of the physician's signature (once a physician's signature image is in a computer presumably anyone, authorized or not to affix this image to any document. Using an image of a physician's signature in a computer system is a passé idea, not technically innovative and invites fraud and misuse.

One of the key differences between the Campbell art and my invention is that my art does not rely on the use of a physician signature "image" which could easily be misused. Instead, the art I describe calls for a "digital physician signature" which is a unique, proprietary and secure series of alpha-numerical characters which are assigned to a physician and their "digital signature." These unique alpha-numerical characters are encryption protected and are stored in a secure archive database. Only the physician him (her) self is authorized to access and affix their digital signature to a document. This art makes it very easy to control, affix and track authentic digital signatures and this art makes it very difficult, if not impossible, to forge a digital physician signature. As one can see from my art I am using the term "digital signature" to be a unique alpha numerical identifier and not necessary a scanned "image" of a physician paper signature. My art is clearly superior to the Campbell art and Campbell fails to really "teach" any art at all in regards to creating organizing and controlling physician signatures and Campbell fails to teach creating a "digital" signature at all.

The examiner concludes item 10 by making a general comment that it would have been obvious for anyone skilled in the art to take the ideas of Campbell in terms of physician signature and employ them into Wilhelm. I fail to see the relevance of this comment : 1) because as I have stated above Campbell really fails to teach anything about the use of "digital physician signatures" 2) Campbell's art is inferior to my art and Campbell's art is filled with problems regarding fraudulent use of signature images 3) my art is separate, unique and superior to the art Campbell teaches 4) my art in this regard would not have been obvious to any one skilled in the art because neither Wilhelm or Campbell, nor any of the other prior art, describes a "digital physician signature" as my art does. In addition, the examiner has failed to see this unique art and difference, which is further proof that people skilled in the art would see my art as an "obvious" solution.

11. as per claim two I would use all of the above arguments in 10 to point out to the examiner how different the scope and practical intent of the Wilhelm and Campbell art is in relation to mine and would further argue:

-Wilhelm in view of Campbell would not have taught my art per the arguments of 10 above ,and

-the examiner cites Wilhelm column 11 line 62 and column 12 line 4 as " ...teaches said medical contains a date of the record and said priority code is assigned according to the medical record date." In examining column 11 line 62 I observe that Wilhelm merely only makes reference to a discharge date in his system and a means for checking said discharge date. He makes no use of the key words "priority code" and "medical record date." Again, in reviewing column 12 line 4 I see no wording or practical intent which would indicate that Wilhelm is dating a record and creating a priority code of any kind with said date.

12. as per claim 3 I would use all of the arguments presented in 10 above to point out to the examiner the different scope and practical intent of the Wilhelm and Campbell art in relation to mine and I would further argue:

-Wilhelm in view of Campbell would not have taught my art per the arguments of 10 above, and

-the examiner cites Wilhelm column 6 lines 60-65 as " Wilhelm further teaches said priority code is assigned according to severity of condition in said medical record." After reviewing this citation I conclude that this is not the intent or meaning of this section as stated by the examiner. In this citation Wilhelm is describing how a user can locate a record by severity of illness and sort records by severity of illness.

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If one reads the preceding paragraphs in Wilhelm before this citation it is clear that his intent is to sort by severity of illness in a data group in a hospital (for example: sort all of the severe cases of mitral valve prolapse in the coronary care unit of a hospital). Wilhelm makes no reference at all to assigning a priority code to said severity and sorting by said priority. The intent of my art, as it relates to the retrieval of medical records of a given patient in an emergency, is to be able to sort and prioritize clinical test by both severity and chronological order so that if a given patient had 5 EKG tests done in the last 2 years my system would sort by the most recent test and the most severe condition so the attending physician would have the most relevant clinical test in their possession at time of diagnosis and treatment. This is clearly a significantly different art from Wilhelm from both a conceptual and practical application.

13. As per claim 4 I would use all of the above arguments in 10 to point out to the examiner how different the scope and practical intent of the Wilhelm and Campbell art is in relation to mine and would further argue:

-Wilhelm in view of Campbell would not have taught my art per the arguments of 10 above ,and all of the arguments of 11 and 12, and:

-the examiner specifically acknowledges that Wilhelm does not teach or contemplate in any way the use of the Internet, or any other long distance optical or telephone means, nor does he describe the unique telephone exchange I describe in my art in figure 2 , for the long distance retrieval and transmission of said medical records and data.

The examiner cites Campbell column 5 lines 54-58 as "Campbell et al teaches retrieving medical records using internet access." Again, in looking at the Campbell abstract and reading the background of his invention it is clear that Campbell is describing a software system for users to choose health care plans and perform various cost comparisons and billing functions. I fail to see how this Campbell art could be interpreted as "retrieving medical records using the internet." My art teaches retrieving medical records in various ways using the internet. Campbell teaches using his software system and the internet for choosing health plans and performing various billing functions.

The examiner sites Wilhelm column 4 lines 6-8 as "further Wilhelm it is possible to embody the system in numerous hardware configurations." This is about as vague a statement I think anyone could make in regards to art and cannot be interpreted to mean us of the Internet (which does not necessarily have to have anything to do with a hardware configuration. Many internet system are wireless and do not necessarily rely on hardware). Further, if one examines the context of this citation and Wilhelm's meaning and intent he is describing "this configuration may be used for an entire small hospital or a single department of a large hospital." Wilhelm in no way or shape is describing art to Network multiple hospitals, physician's offices and trauma centers for the retrieval of medical records and data in an emergency situation. In citing Wilhelm in light of Campbell or Campbell in light of Wilhelm the examiner is mixing apples and oranges in his comparison of two dissimilar arts and applications- choosing healthcare plans and organizing medical records in a hospital, and these inventions and applications are clearly different and separate from mine.

Further, the examiner states that in light of Campbell it would have been obvious for anyone skilled in the art to use the internet to retrieve medical records. I disagree with this statement in light of the arguments presented above and the fact that neither Campbell nor Wilhelm teach networking individual patients to physicians offices and hospitals nor do they teach the unique and integral telephone exchange system I teach for specifically organizing, routing, retrieving and transmitting large volumes of said medical data via the internet from either land lines or wireless lines. None of these unique innovations would have been obvious in light of either Campbell or Wilhelm.

14. As per claim 7 I would use all of the above arguments in 10 to point out to the examiner how different the scope and practical intent of the Wilhelm and Campbell art is in relation to mine and would further argue:

-Wilhelm in view of Campbell would not have taught my art per the arguments of 10 above ,and all of the arguments of 11, 12, 13, and:

-the examiner cites Wilhelm column 2 lines 16-26 as " Wilhelm further teaches that steps a-f are repeated for a plurality of medical records of a patient, each of the medical records having the same unique patient identifier and a different priority code." After careful review of this citation it is clear that Wilhelm is not describing what the examiner cites, including the fact that Wilhelm does not use any of the key word "patient identifier and different priority code" What Wilhelm is describing in vague and general terms is a system which can identify a "new encounter" (this presumably means a different patient visit? But he does not describe the art in the system for specifically achieving this) Wilhelm further describes sorting by additional patient visits (encounters) but he does not specifically Describe any art for this sorting and he certainly does not describe in this citation using "a unique patient identifier" and "a different priority code." And it should not be assumed that he is intending to describe such a system. I think the examiner is attempting to "project" my art into the Wilhelm art having the benefit of the hindsight of my art during the examiner's review.

15. As per claim 8 I would use all of the above arguments in 10 to point out to the examiner how different the scope and practical intent of the Wilhelm and Campbell art is in relation to mine and would further argue:

-Wilhelm in view of Campbell would not have taught my art per the arguments of 10 above ,and all of the arguments of 11, 12, 13, 14, and:

-the examiner cites Wilhelm column 2 lines 38-49 as "Wilhelm further teaches the retrieving step includes displaying said digital records in order based on said priority code." After careful review of this Wilhelm citation it is clear that Wilhelm is not describing this art at all. Again, what the conceptual intent and practical application of my art is describing is organizing and retrieving medical records for reference in a medical emergency. What Wilhelm is describing is a system in a hospital for the allocation of manpower resources by some means of a "work queue" of the work order sheets for employees (for example 5 EKG tests must be given during work shift in an intensive care unit). His system prioritizes the work requests in some order and allocates work resources. This clearly different and separate art than mine and in no way describes the art in my invention from either a conceptual or practical point of view. Further, Wilhelm does not describe a retrieving step in this citation. Wilhelm does describe placing the work sheets in any special **order** and does not describe **displaying** them in any particular way.

16. Please note that I have re-numbered my claims so that claim 1 "Process for storing..." is now claim 9 per the new ordering. I would redirect the examiner back to his item 10, my claim 1 and use the same basic arguments stated in addressing my claim 1 (item10), as well as all the other arguments I have outlined to address each other examiner issue. Namely, the Wilhelm and Campbell art and the scope of their abstracts and practical applications are in no way related to my art and my practical applications, that neither Wilhelm nor Campbell describes my art in any detail per all of the citations of the examiner and my counter arguments, and that all such differences would not have been obvious to a person skilled in the art.

Further, the examiner cites Wilhelm column 4, lines 42-48 as "Wilhelm teaches storing medical records using existing data." After careful review of this citation I must respectfully disagree with the examiners interpretation. What the citation is describing is integrating the hospital MIS system described by Wilhelm with another other computer system. Wilhelm does not specifically teach a process for storing and retrieving existing and original medical records having any of the unique attributes of the art I describe in my a-g as I argued previously in addressing the examiner's item 10.

17. Please note in the re-numbering of my claims that there are now new claim numbers 10, 11 and 12 which correspond to my old claims 1,2, and 3 of this section (process of retrieving stored data)

I would redirect the examiner back to his item 10, my claim 1 and use the same basic arguments stated in addressing my claim 1 (item10), as well as all of my other arguments for each examiner issue. I would also use all of the arguments in item 16 above. Namely, the Wilhelm and Campbell art and the scope of their abstracts and practical applications are in no way related to my art and my practical applications, that neither Wilhelm nor Campbell describes my art in any detail per all of the citations of the examiner and my counter arguments, and that all such differences would not have been obvious to a person skilled in the art.

18. As per claims 5 and 6 the examiner is arguing the my claims are obvious in like of Wilhelm, Campbell and Bardy 6,312,378. Again I would use all of my original arguments to point out to the examiner how different the scope and practical applications of Wilhelm and Campbell are in relation to my art as well as all of the detailed arguments I have laid out in regards to the examiner's specific citations. In regard to Bardy I would point out to the examiner that the same arguments exist, namely if one reviews Bardy's abstract it is clear his practical application and intent is to describe a system for retrieving physiological and operating data from an implanted medical device via remote means. Bardy further elaborates on this point in the background of his invention section. I fail to see how the examiner can compare and relate the art of Bardy to my art in any way, whether by itself or in light of Wilhelm and/or Campbell. Bardy does not describe any of the unique art I describe in my application or in any of my claims.

19. As per claim 5 and the process of claim 1 I would again redirect the examiner to all of the previous arguments I have made throughout this document to point out the significant and detailed differences between my art and that of Wilhelm, Campbell and Bardy, and specifically in terms of the scope and practical intent of this prior art in relation to mine. The examiner acknowledges that Wilhelm does not teach the use of e-mail for sending patient identifiers and digital physician signatures for retrieving patient records. The examiner cites Bardy column 11 lines 7-14 as "Bardy teaches retrieving digital medical records using e-mail access." I would again respectfully point out to the medical examiner that Bardy is not teaching the sending of medical records and data, as described and defined by my art as either original patient

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medical records (physician generated physical examination information and signed by a physician), clinical exams, prescriptions and other clinically relevant medical information which could be used in a medical emergency. What Bardy is teaching is sending functional signals and internal operating signals of implanted devices (pacemakers) via the internet which can be used to quality control check and adjust said pacemakers. This is an entirely different scope and intent from my art and the Bardy art is describing tele-medicine medical devices which have been on the market for over 20 years. The examiner cites Wilhelm column 4, lines 6-8 as "it is possible to embody the system in numerous hardware configurations." I would argue that this is an extremely vague and weak reference and, given the significant difference in the scope and practical application of the Wilhelm art, it would not have been obvious for one to have devised the unique combination of optical scanning and embedding of watermarks, organizing clinically relevant medical data, for in a medical emergency, and all the other novel embodiments of my art.

Again, it would not have been obvious to one skilled in the art, in light of Wilhelm or Bardy, given their significantly different scopes and practical applications, to devise the unique art which I have disclosed for use with emergency medicine. The word changes I have made to my modified and additional claims only strengthen my arguments that my art and its scope and practical intent are significantly different than the prior art cited by the examiner.

20. As per claim 6 the examiner cited Wilhelm in view of Campbell as teaching the process of claim 1. Again, I would direct the examiner to the detailed and specific arguments I have made throughout this document to demonstrate the significant differences between the scope and practical intent of the Wilhelm and Campbell art and my art. The examiner acknowledges that Wilhelm does not specifically teach retrieving digital medical records via telephone access. The examiner cites Bardy column 11 lines 7-14 as "Bardy teaches retrieving digital medical records using e-mail access." I would again respectfully point out to the medical examiner that Bardy is not teaching the sending of medical records and data, as described and defined by my art as either original patient medical records (physician generated physical examination information and signed by a physician), clinical exams, prescriptions and other clinically relevant medical information which could be used in a medical emergency. What Bardy is teaching is sending functional signals and internal operating signals of implanted devices (pacemakers) via the internet which can be used to quality control check and adjust said pacemakers. This is an entirely different scope and intent from my art and the Bardy art is describing tele-medicine medical devices which have been on the market for over 20 years. The examiner cites Wilhelm column 4, lines 6-8 as "it is possible to embody the system in numerous hardware configurations." I would argue that this is an extremely vague and weak reference and, given the significant difference in the scope and practical application of the Wilhelm art, it would not have been obvious for one to have devised the unique combination of optical scanning and embedding of watermarks, organizing clinically relevant medical data, for in a medical emergency, and all the other novel embodiments of my art.

Again, it would not have been obvious to one skilled in the art, in light of Wilhelm or Bardy, given their significantly different scopes and practical applications, to devise the unique art which I have disclosed for use with emergency medicine. The word changes I have made to my modified and additional claims only strengthen my arguments that my art and its scope and practical intent are significantly different than the prior art cited by the examiner.

21. The examiner cites other prior art in Frasca, Lavin, Davis and Borzo as being pertinent as prior art to this application. After careful review of said prior art I would respectfully point out to the examiner that significant difference in the scope and practical intent of this prior art in relation to the novel and unique art presented in my application and its scope and intent, particularly if one reads the abstracts and back ground of the invention sections of these citations.

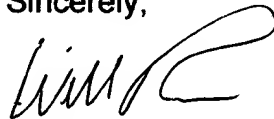
Mr. Gilligan, I look forward to hearing back from you and further discussing this application and the documents enclosed, if necessary. I trust you will see the validity of my arguments herein, particularly in regards to the strengthening of my claims and scope, and will agree to grant my claims as they are written.

I can be reached best at 203-288-1588 during the normal business day or via e-mail at bill@meddatanet.com

I appreciate you attention to the disposition of this application with all due speed.

Please note that I have enclosed a check for \$200.00 and a Petition of extension of time to cover the 60 day extension which I am respectfully requesting on this response

Sincerely,

A handwritten signature in black ink, appearing to read 'William Reeves', followed by a large checkmark.

William Reeves, engineer/inventor